

2003-2004 APLE APPLICATION



SECTION I: TO BE COMPLETED BY THE APPLICANT (Please print or type)

1. Last Name			First Name			Middle Initial			2. Social Security Number (SSN)			
3. Street Address						City			State		Zip Code	

4. Date of Birth / /	5. Telephone Number ()	6. I am a U.S. Citizen or National <input type="checkbox"/> Yes <input type="checkbox"/> No (Enclose evidence from the U.S. Immigration and Naturalization Service that you are an eligible noncitizen.)	7. Cumulative GPA .	8. Passed CBEST <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. I am currently receiving one or more of the following Cal Grants: A ☐ B ☐ C ☐ T ☐

10. College units I have completed: Undergraduate units: _____ sem/qtr Graduate units: _____ sem/qtr

11. I currently hold or expect to receive the following credential(s):

<input type="checkbox"/> (1) *Preliminary Single Subject in _____	Date received or expected: _____ / _____ / _____
<input type="checkbox"/> (2) *Preliminary Multiple Subject	Date received or expected: _____ / _____ / _____
<input type="checkbox"/> (3) *Clear Single Subject in _____	Date received or expected: _____ / _____ / _____
<input type="checkbox"/> (4) *Clear Multiple Subject	Date received or expected: _____ / _____ / _____
<input type="checkbox"/> (3) Specialist in _____	Date received or expected: _____ / _____ / _____
<input type="checkbox"/> (4) Supplementary Authorization in _____	Date received or expected: _____ / _____ / _____

*Applicants currently holding these credentials must be pursuing a specialist credential in either Special Education or Reading.
 School Counseling, School Psychology and Educational Administration are not eligible.

12. I currently have received or have been approved to receive an educational loan:

☐ Yes, please complete the information below.*
☐ No. If you have not been approved to receive an educational loan, you are not eligible to apply for APLE.

*If yes, indicate the lender, type, and status of all your educational loans:

	Subsidized	Unsubsidized	Good	Delinquent	Loan Balance	Lender/Service
<input type="checkbox"/> Stafford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____

13. I intend to provide teaching service in the following area - **(Check only one):**

☐ (1) **Mathematics** – Must be pursuing a single subject credential or supplemental authorization, which authorizes teaching Math in grades 7 – 12.

☐ (2) **Science (Life/Physical)** - Must be pursuing a single subject credential or supplemental authorization, which authorizes teaching Science (Life/Physical) in grades 7 – 12.

☐ (3) **Foreign Language** - Must be pursuing a single subject credential, which authorizes teaching in a Foreign Language in grades 7 – 12.

☐ (4) **Special Education** - Must be pursuing a Special Education credential, which authorizes teaching in grades K – 12.

☐ (5) **Reading Specialist** - Must be pursuing a Reading Specialist credential, which authorizes teaching in grades K – 12.

☐ (6) **Designated Low-Income School*** - Must be pursuing a multiple or single subject credential and agree to teach at a designated low-income school in grades K – 12.

☐ (7) **School Serving Rural Areas*** - Must be pursuing a multiple subject or single subject credential, and agree to teach at a school serving rural areas in grades K – 12.

☐ (8) **State Special School** - Must be pursuing a Specialist credential, which authorizes teaching at a State Special School in grades K-12.

☐ (9) **School with a High Percentage of Emergency Permit Teachers*** - Must be pursuing a multiple subject or single subject credential and agree to teach at a school w/ a high percentage of emergency permit teachers in grades K – 12.

☐ (10) **Low-Performing School*** - Must be pursuing a multiple subject or single subject credential and agree to teach at a school ranked in the bottom 50% of the Academic Performance Index (API) grades K – 12.

*For a listing of schools in these areas, please refer to the Commission web site at, www.csac.ca.gov

Note: The teaching area you indicate on this application cannot be changed at a later date without the prior approval of the Commission.

PLEASE TURN TO THE BACK OF THE APPLICATION TO CONTINUE

The following information is required for statistical purposes:

14. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	15. Age _____	16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. My (and my spouse's, if applicable) adjusted gross income for 2002: \$ _____	18. I describe myself as one of the following: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> (1) African American <input type="checkbox"/> (2) Latino, Chicano <input type="checkbox"/> (3) Filipino <input type="checkbox"/> (4) Pacific Islander </div> <div> <input type="checkbox"/> (5) Asian American <input type="checkbox"/> (6) Native American <input type="checkbox"/> (7) Caucasian <input type="checkbox"/> (8) Other </div> </div>
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By my signature I understand and agree that:

- I do not hold an initial teaching credential unless I am pursuing a Special Education or Reading Specialist credential.
- I agree to obtain a K-12 credential and teach in grades K-12 depending on my subject area.
- I must have received, or have approval to receive, an eligible educational loan.
- I must have completed at least sixty (60) semester or ninety (90) quarter units of postsecondary education prior to the beginning of the fall term of the 2003-2004 academic year.
- I must be enrolled throughout the 2003-2004 academic year in coursework leading to a baccalaureate degree or in a professional teacher preparation program, unless I have completed my credential coursework prior to the end of the academic year.
- I must maintain half-time enrollment per term (as defined by my institution). If I fail to maintain half-time enrollment, I must request a waiver in writing.
- If I have designated special education OR reading as my teaching service area [see item #13 (4 or 5) of this application], I may not take a break in enrollment and I must maintain half-time enrollment while working towards the Specialist Credential.
- I must maintain satisfactory academic progress toward my credential objective.
- My application must be submitted to the APLE Coordinator at my educational institution by the deadline they have established.**
- If I am selected as an APLE participant, I must sign a Loan Assumption Agreement to provide four consecutive years of qualifying teaching service in the area I've designated in item #13 of this application.
- I will comply with all student loan repayment obligations and continue making scheduled payments on student loan(s) until notified by my lender that the loan is paid in full.

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I am free of any obligation to repay any state or federal educational grant and I am not in default on any state or federally insured educational loan. I authorize the Commission to receive and to release my student records, information regarding this application, and other information I have provided concerning my application between institutions and appropriate public and private agencies.

Please sign and date:

Signature of Applicant

Date

E-MAIL ADDRESS

*****PLEASE RETURN TO THE APLE COORDINATOR*****

SECTION II: TO BE COMPLETED BY APPLICANT'S COLLEGE OFFICIAL

1. The applicant's expected standing in college during the 2003-2004 fall term:

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Junior | <input type="checkbox"/> Continuing undergraduate |
| <input type="checkbox"/> Senior | <input type="checkbox"/> Graduate - pursuing teacher certification |

2. Type of program the applicant will be enrolled in during the 2003-2004 academic year:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> (1) An academic program leading to a baccalaureate degree. | School Seal
Must Be
Affixed |
| <input type="checkbox"/> (2) An academic program of professional teacher preparation. | |
| <input type="checkbox"/> (3) A district intern program. | |
| <input type="checkbox"/> (4) An internship program which requires a CTC Internship Credential to teach. | |

3. Date the applicant is expected to complete training for:

a preliminary or clear teaching credential: _____ / _____ / _____

a specialist credential in special education: _____ / _____ / _____

4. Please indicate if the student has an outstanding educational loan in good standing: ☐ Yes ☐ No

If so, please indicate loan type(s), lender and amount:

_____ \$ _____

By my signature, I hereby declare that the above information is true as is reflected on current official school records.

(Signature of College Official)

(Date)

(Printed or Typed Name of Official)

(Phone Number)

(Title of Official)

(School Name)

